

County: Milwaukee  
 LAKEWOOD HEALTH/REHABILITATION CENTER  
 2115 EAST WOODSTOCK PLACE

Facility ID: 1510

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MILWAUKEE 53202 Phone:(414) 271-1020  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 196  
 Total Licensed Bed Capacity (12/31/02): 196  
 Number of Residents on 12/31/02: 185

Ownership:  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 184

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
Home Health Care	No		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			29.7
Supp. Home Care-Personal Care	No		-----		-----		1 - 4 Years			35.7
Supp. Home Care-Household Services	No		Developmental Disabilities	1.1	Under 65	18.4	More Than 4 Years			34.6
Day Services	No		Mental Illness (Org./Psy)	27.6	65 - 74	21.1	-----			-----
Respite Care	Yes		Mental Illness (Other)	4.9	75 - 84	29.2				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	26.5	*****			*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	1.1	95 & Over	4.9	Full-Time Equivalent			
Congregate Meals	No		Cancer	0.5	-----	-----	Nursing Staff per 100 Residents			
Home Delivered Meals	Yes		Fractures	2.7		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	11.4	65 & Over	81.6	-----			-----
Transportation	No		Cerebrovascular	16.2	-----	-----	RNs			7.1
Referral Service	No		Diabetes	5.4	Sex	%	LPNs			9.1
Other Services	Yes		Respiratory	2.2	-----	-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	27.0	Male	34.1	Aides, & Orderlies			29.1
Mentally Ill	No		-----	-----	Female	65.9				
Provide Day Programming for			100.0	-----	-----	-----				
Developmentally Disabled	No					100.0				

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			5	3.6	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	2.7
Skilled Care	15	100.0	337			121	87.1	120	17	100.0	138	6	100.0	150	8	100.0	120	0	0.0	0	167	90.3
Intermediate	---	---	---			13	9.4	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	13	7.0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0				139	100.0		17	100.0		6	100.0		8	100.0		0	0.0		185	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		% Needing		% Totally		Total	
				Assistance of				Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health 7.1		Bathing 5.9		58.4		35.7		185	
Private Home/With Home Health 12.9		Dressing 15.1		56.2		28.6		185	
Other Nursing Homes 12.9		Transferring 35.7		39.5		24.9		185	
Acute Care Hospitals 55.7		Toilet Use 27.0		43.8		29.2		185	
Psych. Hosp.-MR/DD Facilities 0.7		Eating 62.7		24.9		12.4		185	
Rehabilitation Hospitals 2.9		*****							
Other Locations 7.9									
Total Number of Admissions 140		Continence		% Special Treatments					
Percent Discharges To:		Indwelling Or External Catheter		7.6		Receiving Respiratory Care		6.5	
Private Home/No Home Health 13.8		Occ/Freq. Incontinent of Bladder		58.4		Receiving Tracheostomy Care		0.5	
Private Home/With Home Health 22.5		Occ/Freq. Incontinent of Bowel		37.8		Receiving Suctioning		0.0	
Other Nursing Homes 2.2						Receiving Ostomy Care		1.1	
Acute Care Hospitals 24.6		Mobility				Receiving Tube Feeding		8.6	
Psych. Hosp.-MR/DD Facilities 0.0		Physically Restrained		14.1		Receiving Mechanically Altered Diets		31.9	
Rehabilitation Hospitals 0.0									
Other Locations 8.7		Skin Care				Other Resident Characteristics			
Deaths 28.3		With Pressure Sores		9.2		Have Advance Directives		80.5	
Total Number of Discharges		With Rashes		5.4		Medications			
(Including Deaths) 138						Receiving Psychoactive Drugs		58.4	

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %
									Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		93.9	81.9	1.15	88.6	1.06	84.2	1.12	85.1
Current Residents from In-County		97.3	83.1	1.17	85.4	1.14	85.3	1.14	76.6
Admissions from In-County, Still Residing		36.4	18.8	1.94	18.6	1.96	21.0	1.73	20.3
Admissions/Average Daily Census		76.1	182.0	0.42	203.0	0.37	153.9	0.49	133.4
Discharges/Average Daily Census		75.0	180.8	0.41	202.3	0.37	156.0	0.48	135.3
Discharges To Private Residence/Average Daily Census		27.2	69.3	0.39	76.5	0.36	56.3	0.48	56.6
Residents Receiving Skilled Care		93.0	93.0	1.00	93.5	0.99	91.6	1.01	86.3
Residents Aged 65 and Older		81.6	87.1	0.94	93.3	0.88	91.5	0.89	87.7
Title 19 (Medicaid) Funded Residents		75.1	66.2	1.13	57.0	1.32	60.8	1.24	67.5
Private Pay Funded Residents		3.2	13.9	0.23	24.7	0.13	23.4	0.14	21.0
Developmentally Disabled Residents		1.1	1.0	1.12	1.0	1.07	0.8	1.35	7.1
Mentally Ill Residents		32.4	30.2	1.07	28.5	1.14	32.8	0.99	33.3
General Medical Service Residents		27.0	23.4	1.15	28.9	0.94	23.3	1.16	20.5
Impaired ADL (Mean)		48.5	51.7	0.94	50.9	0.95	51.0	0.95	49.3
Psychological Problems		58.4	52.9	1.10	52.9	1.10	53.9	1.08	54.0
Nursing Care Required (Mean)		7.9	7.2	1.10	6.8	1.16	7.2	1.10	7.2